

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10026

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 410	
1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CAPE GIRARDEAU			
b. CITY (If outside corporate limits, write RURAL and give township) CAPE GIRARDEAU				c. CITY (If outside corporate limits, write RURAL and give township) CAPE GIRARDEAU 6154			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1224 N. MAIN				d. STREET ADDRESS (If rural, give location) 1224 N. MAIN			
3. NAME OF DECEASED (Type or Print) ALICE		a. (First) P.		c. (Last) McKEE		4. DATE OF DEATH (Month) (Day) (Year) DEC. 29, 1950	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH July 15, 1861	
9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Grand Tower, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Seth McKEE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ben Huebel		ADDRESS Cape Girardeau, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis DUE TO (c) generalized II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 27, 1950, to Dec 29, 1950, that I last saw the deceased alive on Dec 29, 1950, and that death occurred at 3 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward J. Cunningham				23b. ADDRESS Cape Girardeau, Mo.		23c. DATE SIGNED 12-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-31-50		24c. NAME OF CEMETERY OR CREMATORY FAIRMONT		24d. LOCATION (City, town, or county) (State) CAPE GIRARDEAU, MO.	
DATE REC'D BY LOCAL REG. 12-30-1950		REGISTRAR'S SIGNATURE L. B. Summers		25. FUNERAL DIRECTOR'S SIGNATURE J. L. G. G. G.		FORD-YOUNG FUNERAL HOME, Inc. CAPE GIRARDEAU, MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 2 1951

DISTRICT HEALTH OFFICE No. 6

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Licensed Embalmer No. 4936

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.